

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90019 003 ***150.00

DOCUMENT # P93000047595

1. Entity Name
JEWELRY AND WATCHES GALORE, INC.



Principal Place of Business
**914 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US**

Mailing Address
**914 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US**

40110415



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3196050

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MESSINGER, LOUIS
1300 LILY CT
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MESSENGER, LOUIS S
1300 LILY COURT
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/8/08

ATTACHMENT

46110415

P93000047593

Dear Sirs

Please waive the late filing fee as
my father took care of all reports that
needed filing and he passed away in November
of last year and I have had a lot to process
from.

Low
Thank you

PS A check for \$150.00 is enclosed with

hope that you consider my request